

To be completed on admission and discharge

Name of service user:

DOB or ID Code:

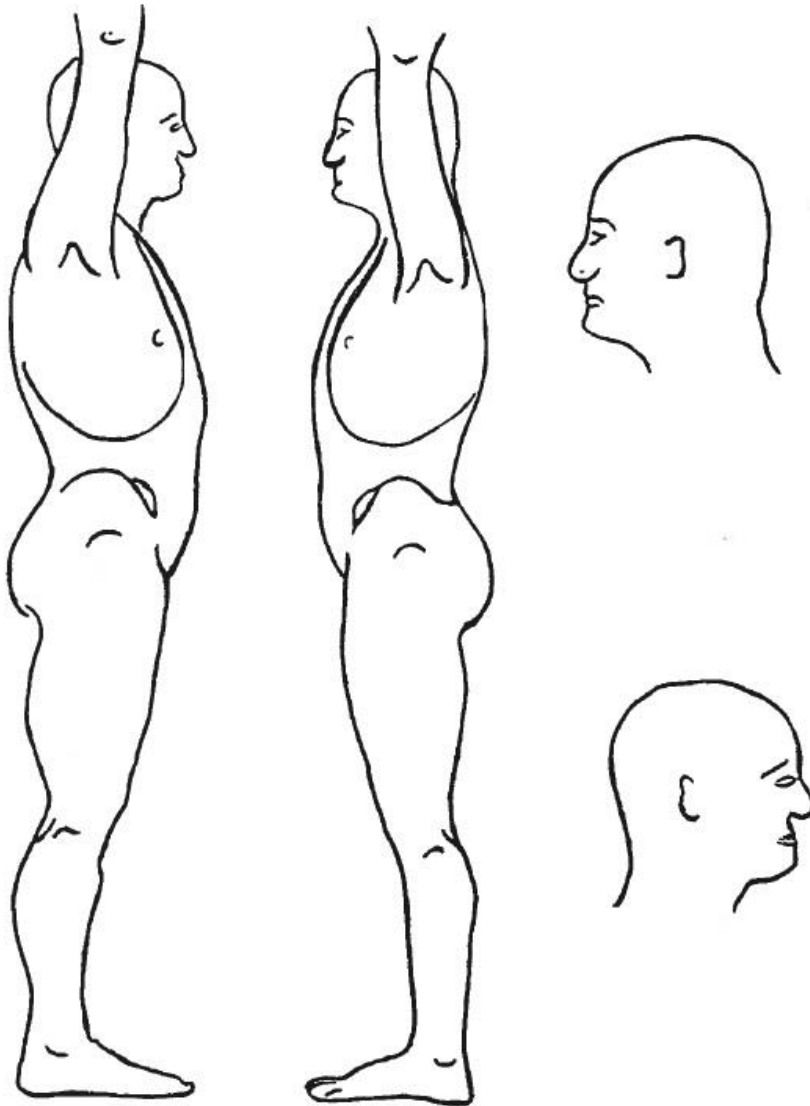
Date and time injury witnessed:

Name of worker(s):

Job title(s):

Date and time form completed:

Signature(s):



Note Size and Colour of Injury:-